



EXPLOSIVE ORDNANCE DISPOSAL (EOD) REPORT

MARINE CORPS BASES JAPAN

CAMP SMEDLEY D. BUTLER



C. DATE:	20 Mar 09	REPORT NO:	30-09
INCIDENT TIME:	20 Mar 09	TIME CALL RECEIVED:	N/A
CALLER'S NAME:	N/A	PHONE NO:	N/A
RECEIVED BY:	N/A	CALLER'S ORGANIZATION:	N/A

TYPE OF ACTION

Tech Asst:	<input type="checkbox"/>	UXO	<input checked="" type="checkbox"/>	Suspicious Itm	<input type="checkbox"/>	Rng Sweep	<input type="checkbox"/>	Trgt Inst/Ext	<input type="checkbox"/>
Training:	<input type="checkbox"/>	Other:	<input type="checkbox"/>						

NOTIFICATION REQUIREMENTS FOR RESPONSES

DURING DUTY HOURS:		AFTER DUTY HOURS:	
Base EOD Officer	<input checked="" type="checkbox"/>	Base EOD Officer	<input type="checkbox"/>
Base EOD SNCOIC	<input checked="" type="checkbox"/>	Base EOD SNCOIC	<input type="checkbox"/>
(b)(3)and(6)	<input type="checkbox"/>	(b)(3)and(6)	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

DATA REQUIREMENTS FOR EMERGENCY RESPONSE TO AN ACTUAL ITEM

ITEM DESCRIPTION:	(1) ANM-64 500lbs Bomb Item transported from Demo 1 to Demo 3 for future EOD operations.
LOCATION ITEM FOUND OR RETRIEVED FROM:	Item retrieved from EOD 1
ITEM DISPOSITION:	Item transported from Demo 1 to Demo 3 for future EOD operations.
ITEM DISPOSAL LOCATION (if applicable):	N/A

DATA REQUIREMENTS FOR TECHNICAL ASSISTANCE

BRIEF DESCRIPTION OF THE ASSISTANCE RENDERED (Use Remarks section on page 3 if more space needed:	N/A
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CLASS V(w)							
Class V(w) Used?	No	x	Yes		(If yes, ensure attach expenditure report)		
TAMIS Control Number (If yes)							
ATTACHMENTS							
CLASS V EXPENDITURE REPORT				JAPANESE SHOT REPORT			
CLASS ROSTER				PHOTOS			
OTHER:							
TOOLS AND SUPPORT REQUIRED							
Robot				ARS			
Citadel				.50 Cal			
HAL Kit				NBC Gear			
Bomb Suit				Medical			
PAN Disruptor				Fire Department			
Digital Camera				PMO/Local Authorities			
TIME Out:	0700	TIME IN:	1320	TOTAL TIME:	6 HRS 20 MIN	TOTAL MAN HOURS:	25 HRS 20 MIN
PERSONNEL RESPONDING							
NAME:						STATEMENT SIGNED?	
(b)(3)and(6)							
(b)(3)and(6)							
(b)(3)and(6)							
(b)(3)and(6)						X (call sheet)	
COMPLETED BY:		(b)(3)and(6)					
SIGNATURE:					DATE:		25 Mar 09

CHRONOLOGY OF EVENTS	
0700	Depart Camp Foster for Camp Hansen.
0750	Arrive on Camp Hansen Demo 1
0755	EOD operations commence
0840	Depart Demo 1 for Demo 3
0900	Arrive at Demo 3. EOD operations continue
1200	Item staged for future EOD operations
1215	EOD operations end. Depart Demo 3 for Camp Foster
1320	Team arrives at Camp Foster. Op complete

DIRECTIONS OR OTHER REMARKS	

SUPERVISOR'S STATEMENT	
<p>I have read and understand this SOP. To the best of my knowledge the operation described within this SOP can be done in a safe, healthful and sound manner. I have made sure all personnel assigned to this evolution are qualified and certified and have read the worker's statement for this process. I will conduct an annual review of this SOP during recurring operations. If deviations from this SOP are necessary, I will ensure this operation is stopped until the SOP is revised and approved. If unexpected safety hazards are found, I will make sure this evolution is stopped until the hazards have been eliminated.</p>	
DATE:	SUPERVISOR'S SIGNATURE:

WORKER'S STATEMENT	
<p>I have read, understand and have received the hazard control briefing. I will follow this SOP unless I identify a hazard not addressed or encounter an operation I do not understand. If that occurs, I will stop this evolution and notify my immediate supervisor of this problem.</p>	
DATE:	WORKER'S SIGNATURE:



EXPLOSIVE ORDNANCE DISPOSAL (EOD) REPORT

MARINE CORPS BASES JAPAN

CAMP SMEDLEY D. BUTLER



C. DATE:	12 Nov 08	REPORT NO:	130-08
INCIDENT DATE:	14 Nov 08	TIME CALL RECEIVED:	0930
INCIDENT TIME:	0600	PHONE NO:	(b)(3)and(6)
CALLER'S NAME:	(b)(3)and(6)	CALLER'S ORGANIZATION:	USAE
RECEIVED BY:			

TYPE OF ACTION

Tech Asst:	<input type="checkbox"/>	UXO	<input checked="" type="checkbox"/>	Suspicious Itm	<input type="checkbox"/>	Rng Sweep	<input type="checkbox"/>	Trgt Inst/Ext	<input type="checkbox"/>
Training:	<input type="checkbox"/>	Other:	<input type="checkbox"/>						

NOTIFICATION REQUIREMENTS FOR RESPONSES

DURING DUTY HOURS:		AFTER DUTY HOURS:	
Base EOD Officer	<input checked="" type="checkbox"/>	Base EOD Officer	<input type="checkbox"/>
Base EOD SNCOIC	<input checked="" type="checkbox"/>	Base EOD SNCOIC	<input type="checkbox"/>
(b)(3)and(6)	<input checked="" type="checkbox"/>	(b)(3)and(6)	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

DATA REQUIREMENTS FOR EMERGENCY RESPONSE TO AN ACTUAL ITEM

ITEM DESCRIPTION:	(1) AN-M30A1 100lb bomb
LOCATION ITEM FOUND OR RETRIEVED FROM:	Range 4 construction site
ITEM DISPOSITION:	Demilitarized
ITEM DISPOSAL LOCATION (if applicable):	Demo range 1

DATA REQUIREMENTS FOR TECHNICAL ASSISTANCE

BRIEF DESCRIPTION OF THE ASSISTANCE RENDERED (Use Remarks section on page 3 if more space needed:	
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CLASS V(w)							
Class V(w) Used?	No		Yes	x	(If yes, ensure attach expenditure report)		
TAMIS Control Number (If yes)		M2023083110001 (see call sheet 129-08 for expenditure report)					
ATTACHMENTS							
CLASS V EXPENDITURE REPORT				JAPANESE SHOT REPORT			
CLASS ROSTER				PHOTOS			
OTHER:							
TOOLS AND SUPPORT REQUIRED							
Robot				ARS			
Citadel				.50 Cal			
HAL Kit				NBC Gear			
Bomb Suit				Medical			
PAN Disruptor				Fire Department			
Digital Camera				PMO/Local Authorities			
TIME Out:	0600	TIME IN:	1530	TOTAL TIME:	9hrs 30 min	TOTAL MAN HOURS:	66 hrs 30 min
PERSONNEL RESPONDING							
NAME:						STATEMENT SIGNED?	
(b)(3)and(6)							
(b)(3)and(6)							
(b)(3)and(6)							
(b)(3)and(6)						Yes	
(b)(3)and(6)							
(b)(3)and(6)						Yes call sheet 129-08	
COMPLETED BY:		(b)(3)and(6)					
SIGNATURE:					DATE:		18 Nov 08

CHRONOLOGY OF EVENTS	
0600	Demo team departs Camp Foster
0700	Demo team arrives at Camp Schwab
1100	Demo team departs ASP
1130	All teams meet at Range 4 for safety brief burn team goes to Demo 1 to set up for and execute burn
1430	All teams meet back up and depart Camp Hansen
1530	Return to Camp Foster.

DIRECTIONS OR OTHER REMARKS	

SUPERVISOR'S STATEMENT	
<p>I have read and understand this SOP. To the best of my knowledge the operation described within this SOP can be done in a safe, healthful and sound manner. I have made sure all personnel assigned to this evolution are qualified and certified and have read the worker's statement for this process. I will conduct an annual review of this SOP during recurring operations. If deviations from this SOP are necessary, I will ensure this operation is stopped until the SOP is revised and approved. If unexpected safety hazards are found, I will make sure this evolution is stopped until the hazards have been eliminated.</p>	
DATE:	SUPERVISOR'S SIGNATURE:

WORKER'S STATEMENT	
<p>I have read, understand and have received the hazard control briefing. I will follow this SOP unless I identify a hazard not addressed or encounter an operation I do not understand. If that occurs, I will stop this evolution and notify my immediate supervisor of this problem.</p>	
DATE:	WORKER'S SIGNATURE:



EXPLOSIVE ORDNANCE DISPOSAL (EOD) REPORT

MARINE CORPS BASES JAPAN

CAMP SMEDLEY D. BUTLER



C. DATE:	20 Nov 08	REPORT NO:	133-08
INCIDENT TIME:	20 Nov 08	TIME CALL RECEIVED:	NA
CALLER'S NAME:	NA	PHONE NO:	(b)(3)and(6)
RECEIVED BY:	(b)(3)and(6)	CALLER'S ORGANIZATION:	USAE

TYPE OF ACTION

Tech Asst:	<input type="checkbox"/>	UXO	<input checked="" type="checkbox"/>	Suspicious Itm	<input type="checkbox"/>	Rng Sweep	<input type="checkbox"/>	Trgt Inst/Ext	<input type="checkbox"/>
Training:	<input type="checkbox"/>	Other:	<input type="checkbox"/>						

NOTIFICATION REQUIREMENTS FOR RESPONSES

DURING DUTY HOURS:		AFTER DUTY HOURS:	
Base EOD Officer	<input checked="" type="checkbox"/>	Base EOD Officer	<input type="checkbox"/>
Base EOD SNCOIC	<input checked="" type="checkbox"/>	Base EOD SNCOIC	<input type="checkbox"/>
(b)(3)and(6)	<input type="checkbox"/>	(b)(3)and(6)	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

DATA REQUIREMENTS FOR EMERGENCY RESPONSE TO AN ACTUAL ITEM

ITEM DESCRIPTION:	(1) 500lb bomb
LOCATION ITEM FOUND OR RETRIEVED FROM:	Range 4 construction site
ITEM DISPOSITION:	The bomb was demilitarized.
ITEM DISPOSAL LOCATION (if applicable):	Demo 1

DATA REQUIREMENTS FOR TECHNICAL ASSISTANCE

BRIEF DESCRIPTION OF THE ASSISTANCE RENDERED (Use Remarks section on page 3 if more space needed:	
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CLASS V(w)							
Class V(w) Used?	No		Yes	x	(If yes, ensure attach expenditure report)		
TAMIS Control Number (If yes)		M2023083240001 See Call Sheet 132-08 for expenditure report					
ATTACHMENTS							
CLASS V EXPENDITURE REPORT				JAPANESE SHOT REPORT			
CLASS ROSTER				PHOTOS			
OTHER:							
TOOLS AND SUPPORT REQUIRED							
Robot				ARS			
Citadel				.50 Cal			
HAL Kit				NBC Gear			
Bomb Suit				Medical			
PAN Disruptor				Fire Department			
Digital Camera				PMO/Local Authorities			
TIME Out:	0600	TIME IN:	1600	TOTAL TIME:	10 Hrs	TOTAL MAN HOURS:	70 Hrs
PERSONNEL RESPONDING							
NAME:						STATEMENT SIGNED?	
(b)(3)and(6)							
(b)(3)and(6)							
(b)(3)and(6)							
(b)(3)and(6)						x	
(b)(3)and(6)							
(b)(3)and(6)							
(b)(3)and(6)							
COMPLETED BY:		(b)(3)and(6)					
SIGNATURE:					DATE:		24 Nov 08

CHRONOLOGY OF EVENTS	
0600	All teams link up at EOD shop on Camp Foster, demo team departs Camp Foster
0650	Demo team arrives at ASP
0930	Demo team departs ASP
0935	The rest of the EOD team departs Camp Foster.
1030	Both teams rendezvous at Demo 1.
1200	(b)(3)and(6) remain at Demo 1 to complete the demilitarization while the rest of the team departs for Range 4.
1415	Both teams link back up at Demo 1
1500	All teams depart from Camp Hansen.
1600	All teams return to Camp Foster.
DIRECTIONS OR OTHER REMARKS	
SUPERVISOR'S STATEMENT	
<p>I have read and understand this SOP. To the best of my knowledge the operation described within this SOP can be done in a safe, healthful and sound manner. I have made sure all personnel assigned to this evolution are qualified and certified and have read the worker's statement for this process. I will conduct an annual review of this SOP during recurring operations. If deviations from this SOP are necessary, I will ensure this operation is stopped until the SOP is revised and approved. If unexpected safety hazards are found, I will make sure this evolution is stopped until the hazards have been eliminated.</p>	
DATE:	SUPERVISOR'S SIGNATURE:
WORKER'S STATEMENT	
<p>I have read, understand and have received the hazard control briefing. I will follow this SOP unless I identify a hazard not addressed or encounter an operation I do not understand. If that occurs, I will stop this evolution and notify my immediate supervisor of this problem.</p>	
DATE:	WORKER'S SIGNATURE:



EXPLOSIVE ORDNANCE DISPOSAL (EOD) REPORT

MARINE CORPS BASES JAPAN

CAMP SMEDLEY D. BUTLER



C. DATE:	21 Nov 08	REPORT NO:	134-08
INCIDENT TIME:	21 Nov 08	TIME CALL RECEIVED:	NA
CALLER'S NAME:	NA	PHONE NO:	(b)(3)and(6)
RECEIVED BY:	NA	CALLER'S ORGANIZATION:	NA

TYPE OF ACTION

Tech Asst:	<input type="checkbox"/>	UXO	<input checked="" type="checkbox"/>	Suspicious Itm	<input type="checkbox"/>	Rng Sweep	<input type="checkbox"/>	Trgt Inst/Ext	<input type="checkbox"/>
Training:	<input type="checkbox"/>	Other:	<input type="checkbox"/>						

NOTIFICATION REQUIREMENTS FOR RESPONSES

DURING DUTY HOURS:		AFTER DUTY HOURS:	
Base EOD Officer	<input checked="" type="checkbox"/>	Base EOD Officer	<input type="checkbox"/>
Base EOD SNCOIC	<input checked="" type="checkbox"/>	Base EOD SNCOIC	<input type="checkbox"/>
(b)(3)and(6)	<input type="checkbox"/>	(b)(3)and(6)	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

DATA REQUIREMENTS FOR EMERGENCY RESPONSE TO AN ACTUAL ITEM

ITEM DESCRIPTION:	(2) 500lb bombs
LOCATION ITEM FOUND OR RETRIEVED FROM:	Demo 1
ITEM DISPOSITION:	The AN-43's explosives were removed and the bomb body was recovered for cleaning and use in the museum.
ITEM DISPOSAL LOCATION (if applicable):	Demo 1

DATA REQUIREMENTS FOR TECHNICAL ASSISTANCE

BRIEF DESCRIPTION OF THE ASSISTANCE RENDERED (Use Remarks section on page 3 if more space needed:	
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CLASS V(w)							
Class V(w) Used?	No		Yes	x	(If yes, ensure attach expenditure report)		
TAMIS Control Number (If yes)		M2023083250001					
ATTACHMENTS							
CLASS V EXPENDITURE REPORT			X		JAPANESE SHOT REPORT		
CLASS ROSTER					PHOTOS		
OTHER:							
TOOLS AND SUPPORT REQUIRED							
Robot					ARS		
Citadel					.50 Cal		
HAL Kit					NBC Gear		
Bomb Suit					Medical		
PAN Disruptor					Fire Department		
Digital Camera					PMO/Local Authorities		
TIME Out:	0400	TIME IN:	1400	TOTAL TIME:	10 Hrs	TOTAL MAN HOURS:	60 Hrs
PERSONNEL RESPONDING							
NAME:						STATEMENT SIGNED?	
(b)(3)and(6)							
(b)(3)and(6)							
(b)(3):							
(b)(3)and(6)							
(b)(3)and(6)							
(b)(3)and(6)							
COMPLETED BY:		(b)(3)and(6)					
SIGNATURE:						25 Nov 08	

CHRONOLOGY OF EVENTS	
0400	Demo team departs Camp Foster.
0500	Demo team arrives at ASP
0630	The rest of the EOD team departs Camp Foster.
0700	Demo team departs ASP
0730	Both teams rendezvous at Demo 1.
0845	Start EOD procedures.
0900	(b)(3)and(6) remains at Range 2 to provide security while the rest of the team departs for Range 4.
1015	Both teams link back up at Demo 1
1150	Start of second EOD procedures.
1300	All teams depart from Camp Hansen.
1400	All teams return to Camp Foster.
DIRECTIONS OR OTHER REMARKS	
SUPERVISOR'S STATEMENT	
<p>I have read and understand this SOP. To the best of my knowledge the operation described within this SOP can be done in a safe, healthful and sound manner. I have made sure all personnel assigned to this evolution are qualified and certified and have read the worker's statement for this process. I will conduct an annual review of this SOP during recurring operations. If deviations from this SOP are necessary, I will ensure this operation is stopped until the SOP is revised and approved. If unexpected safety hazards are found, I will make sure this evolution is stopped until the hazards have been eliminated.</p>	
DATE:	SUPERVISOR'S SIGNATURE:
WORKER'S STATEMENT	
<p>I have read, understand and have received the hazard control briefing. I will follow this SOP unless I identify a hazard not addressed or encounter an operation I do not understand. If that occurs, I will stop this evolution and notify my immediate supervisor of this problem.</p>	
DATE:	WORKER'S SIGNATURE: